

Medical Permission and Release Form for all Events

Valid for current calendar year only

Central Baptist Church Student Ministry

5200 Fairway Avenue ~ North Little Rock, AR 72116 ~ 501-771-1125

Name _____ Date Completed ___/___/___
Address _____ City _____
State _____ Zip _____ Home Phone _____ Cell _____
Date of Birth ___/___/___ Gender: Male or Female Shirt Size: S M L XL XX 3X
Grade in/Completed: 7 8 9 10 11 12 Adult School Attending _____

Father _____ Work Phone _____ Cell Phone _____
Mother _____ Work Phone _____ Cell Phone _____
Guardian _____ Work Phone _____ Cell Phone _____

In case of emergency, and the parent/guardian cannot be reached, please contact:

Name _____ Work Phone _____ Cell Phone _____
Relationship _____

Name _____ Work Phone _____ Cell Phone _____
Relationship _____

Family Physician _____ Office Phone _____
Family Dentist _____ Office Phone _____

Current medical conditions _____

Allergies (food, medication, insect bites) _____

Previous serious illness _____

Current medication(s) and instructions _____

Other important medical information _____

**I (we) hereby DO consent ___ or DO NOT consent ___ to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

Central Baptist Church, all ministries, and volunteers are designated by the abbreviation "CBC" throughout this entire form.

I (we) hereby authorize CBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give our permission for my (our) child to attend and participate in activities sponsored by CBC and the Student Ministry.

I (we) hereby authorize CBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.

I (we) hereby authorize CBC to include my (our) child in supervised water activities.

I (we) hereby authorize CBC and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.

I (we) hereby authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby do authorize any leader of CBC to dispense to my (our) child any necessary over-the-counter medications (according to the proper dosage instructions) when deemed necessary.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

The undersigned adult(s) shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge, and agree to hold harmless CBC and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with CBC.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participants, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force throughout the stated period and in effect until written notice of revocation or withdrawal is received by CBC at its office on 5200 Fairway Avenue, North Little Rock, AR 72116. **It is the responsibility of the parent or guardian to notify the church in writing to the address listed at the beginning of this form if there are any changes in medical condition, guardianship, address or phone.**

_____/_____/_____
Parent/Legal Guardian Signature Date

Signature not valid unless signed before a Notary Public. There is 1 available free of charge at CBC.

Central Baptist Photo Media Release

I, the undersigned parent/legal guardian, give permission for my child's photograph to be included in promotional materials of Central Baptist Church, included but not limited to the church newsletter and website.

I understand that this release is good for one year from the date indicated below. My permission can be revoked at any time by contacting the undersigned church representative in writing.

Notary Public Information

State of _____
County of _____

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Signature _____ My commission expires: _____